



ATRIAL CONDUCTION SLOWS IMMEDIATELY PRIOR TO HUMAN ATRIAL FIBRILLATION INITIATION

ACC Poster Contributions

Ernest N. Morial Convention Center, Hall F

Monday, April 04, 2011, 9:30 a.m.-10:45 a.m.

Session Title: Clinical Electrophysiology -- AF Mechanisms

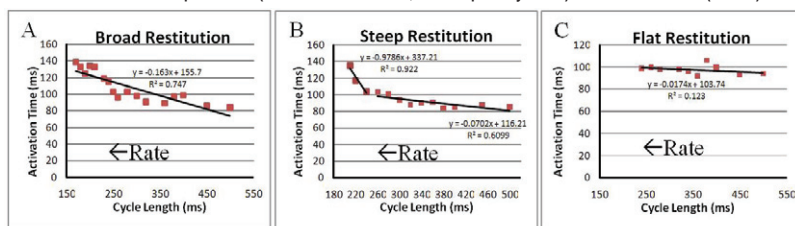
Abstract Category: 26. Clinical Electrophysiology—Supraventricular Arrhythmias

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Background: Human atrial fibrillation (AF) may initiate when premature beats or tachycardias interact with ‘substrates’, yet these are ill-defined. Slow conduction enables reentry and is a potential substrate, yet conduction in sinus rhythm may not be relevant to AF initiation at fast rates. We hypothesized that bi-atrial conduction slowing during progressively faster pulmonary vein (PV) pacing may explain transitions to human AF.

Methods: In 23 AF patients (LA size 43 ± 4 mm; n=12 paroxysmal) and 2 controls (no AF) at electrophysiology study, incremental PV pacing was



both atria.

AT prolongation ($p < 0.05$). Broad restitution AT prolongation at threshold rate, fig B) arose up AF. AT prolonged most in persistent AF, then re AF initiated and elsewhere.

Conclusions: Human AF initiation was preceded by dynamic conduction slowing with broad or steep restitution patterns, while patients without AF had flat restitution. Conduction restitution may reflect functional as well as structural substrates for AF initiation.